**Purpose**

To provide general guidelines for the safe administration of medications.

**Policy**

Orders for the administration of medications must be given by a physician and include patient name, patient identifier, the name of the medication, dosage, dilution, route, frequency of administration, and rate of infusion, if applicable, as well as orders for anaphylaxis and laboratory work, when appropriate. No self‑prescribed (patient) medications will be given by Ohio Living Home Health personnel.

**Procedure**

1. Prior to medication administration, the nurse should be familiar with the patient’s medical history and review present medication regimen, including allergies to foods and drugs.
2. The nurse will review the written physician orders prior to medication administration.
3. It is the nurse's responsibility to be knowledgeable of the medication to be administered, including indications, normal dosage range, dilution, route of delivery, rate of delivery, precautions, side effects, expected therapeutic effect, proper antidote, and incompatibilities, as applicable.
	1. The nurse may obtain current drug information from the First Databank drug database in the electronic medical record system.
4. All prescriptions should be labeled by the pharmacist with the following: pharmacy name and telephone number, prescription number, patient’s name, date of filling, physician's name, name and strength of medication, directions for administration, expiration date and any special instructions as applicable.
5. The nurse will review the medication label for name, additional patient identifier, drug, dosage, and prescription.
6. The nurse will validate patient name and listed patient identifier with the patient or family/caregiver, as appropriate.
7. All medications will be checked for stability by visualizing the medication and observing for the following, but not limited to:
	1. Deterioration, as evidenced by particulate matter
	2. Discoloration, cloudiness
	3. Intactness, including seals
	4. Expiration date
	5. Storage facilities/containers
8. If the medication is not stable for administration, the nurse will hold the medication, notify the physician and contact the appropriate pharmacy for replacements.
9. Prior to administration, the nurse will verify and/or review information to determine that the medication is not contraindicated for the patient based on the following:
	1. Known medication allergies
	2. Known food allergies
	3. Medication incompatibility for potential interaction
	4. Patient’s physical or mental condition
	5. Relevant laboratory results
	6. Previous reactions to medications
10. If potential contraindications are identified, the nurse will contact the physician involved in the care of the patient for further instructions.
	1. The nurse will document medication teaching, side effects, administration, and other related information in the clinical record.